

TENANCY APPLICATION

This Tenant Application should be completed in **full** and returned to Neilsons together with the supporting documentation listed on the final page. We will continue viewing the property until such time as the deposit has been paid. The deposit will secure the property but you should note that this is a <u>non-refundable</u> deposit should **you** wish to withdraw your application. If your Application is rejected following referencing your deposit will be returned to you in full.

PROPERTY APPLIED FOR:	

PREFERRED DATE OF ENTRY:

PREFERRED LENGTH OF LEASE:

(Minimum Term is 6 Months)

NOTE THE APPLICATION WILL NOT BE ACCEPTED UNLESS ALL REQUESTED INFORMATION IS SUPPLIED

PERSONAL DETAILS	
Title (Mr, Miss, Mrs)	
First Name(s)	
As stated on your passport	
Surname	
As stated on your passport	
Maiden Name	
Date of Birth	
Marital Status	
National Insurance No	
Current Address	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Personal Email Address	
Work Email Address	

BANK DETAILS	
Bank Name	
Bank Address	
Sort Code	
Account Number	
Full Name on Account	
(i.e. Mr John Smith)	

CURRENT ADDRESS	
Length of time at address?	

Do you own this property?	YES / NO
Do you rent this property?	YES / NO
When does your current lease end?	
Name of Landlord/Landlord's Agent	
Address of Landlord/Landlord's Agent	
Landlord/Agent Telephone Number	
Landlord/Agent Email Address	

PREVIOUS ADDRESS (If less then 3 years at current address)	
Address	
Length of time at address?	
Did you own this property?	YES / NO
Did you rent this property?	YES / NO
Did you rent this property:	
If yes, how long did you rent this	
property?	
Name of Landlord/Landlord's Agent	
Address of Landlord/Landlord's	
Agent	
Landlord/Agent Telephone Number	
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Landlord/Agent Email Address	

EMPLOYMENT	
Job Title	
Current Annual Salary	
Any Additional Income	
(i.e. Guaranteed Bonuses)	
Full Time/Part Time	
How long have you been in this job?	
Is your position permanent?	
Employers Name	
Employers Address	
Contact Name for Reference	
Their position in the company	

Contact Telephone Number	
Contact Email Address	

PREVIOUS EMPLOYMENT (if you have	been in your current position for less than 6 months)
Job Title	
Salary	
Full Time/Part Time	
How long did you work in this job	
Previous Employers Name	
Previous Employers Address	
Contact Name for reference	
Their position in the company	
Contact Tel No	
Contact email address	

CHARACTER REFERENCE (not a famil	y member)
Title (Mr, Miss, Mrs)	
First Name(s)	
Surname	
How Long have you known this person?	
In what capacity to you know this person?	
Their Address	
Contact Tel No	
Email address	

NEXT OF KIN (Emergency only)	
Title (Mr, Miss, Mrs)	
First Name(s)	
Surname	
Relation to you?	
Current Address	
Home Telephone Number	

Mobile Telephone Number	
Email Address	

PLEASE CONFIRM	
Please give full names and date of	
birth of people living with you in this	
property	
What is their relation to you?	
what is then relation to you?	
Do you smoke?	
Do you have any pets?	
Have you ever had any court	
judgements against yourself?	
If yes please give details	

I hereby authorise Neilsons, 142 St John's Road, Edinburgh EH12 8AY to make any enquiries necessary to confirm my application and understand that a copy of this form may be sent to a third party. I confirm the information supplied above is true.

Full Name:

Date:

SUPPORTING DOCUMENT CHECKLIST

- PASSPORT
- UTILITY/COUNCIL TAX/CREDIT CARD BILL
- □ LAST 3 MONTHS BANK STATEMENTS
- D P60/ANNUAL PRIVATE PENSION STATEMENT (IF RETIRED)
- □ ANNUAL STATE PENSION STATEMENT (IF RETIRED)
- DEPOSIT* PAID

THE DEPOSIT* REQUESTED AT THIS TIME IS THE DEPOSIT PAYMENT IN TERMS OF THE LEASE OF THE PROPERTY. ONCE THE LEASE DOCUMENTATION IS SIGNED THE DEPOSIT WILL BE TRANSFERRED TO OUR NOMINATED TENANCY DEPOSIT SCHEME FOR THE DURATION OF THE TENANCY.



COMPLETED FORM TO BE RETURNED TO: NEILSONS, LETTINGS & PROPERTY MANAGEMENT DEPARTMENT 142 ST JOHNS ROAD, EDINBURGH EH12 8AY TEL: 0131 625 2222 FAX: 0131 476 0448 EMAIL: rentals@neilsons.co.uk